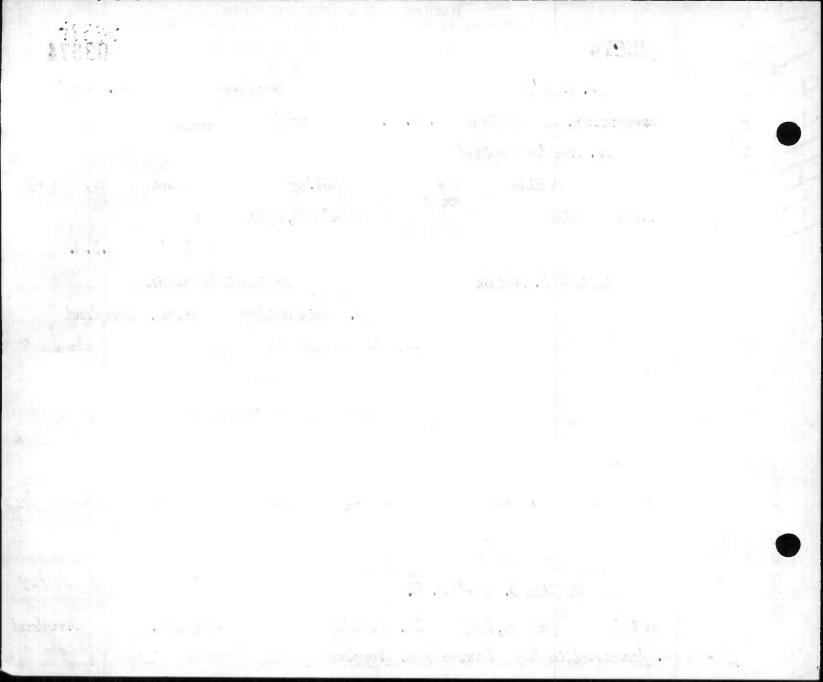
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

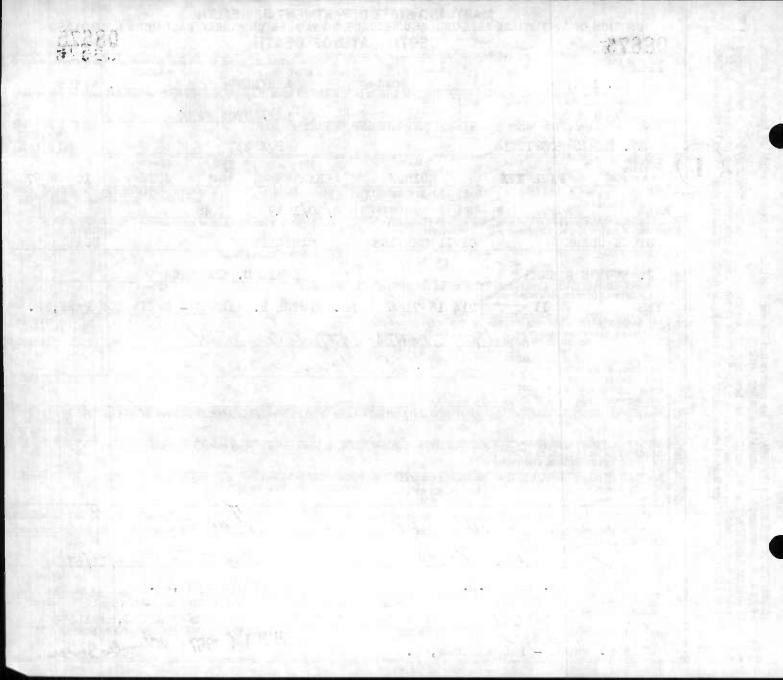
FOR S	TATE		08674 MEDICAL EXAMINER		OF DEATH	00674
FAITH	DEPA *		LACE OF DEATH		(Where deceased lived, if instituti	DOOTS
K O A	IV		COUNTY	g. STATE As	b. COUN	JTY C. 4.
ny delay is 2, and 3 to PM3. Page	e e	_	. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 1b	likur	uyland	St. Mary's
ad delo	mer de		www.te.RURAL and give negrest town)		outside corporote limits, write RUR	(AL and give nearest town)
P. O	ftel	1	businesses, Leonardtown D. U. A.	Rural	Avenue	18.1
	Dep nrs	1 (. NAME DF HOSPITAL DR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
after death. If a 8. Give Pages 1, alang with form	th the State Department of hin 72 hours after death.		ST. Mary's Hospital			YES NO
after death. I 3. Give Pages alang with for	s Sto 72 I		IAME OF First Middle	Last	4. DATE Mont	
fter de Give ang w	¥ .⊑		Type or print) Marcon Ray	Bailey	DEATH June	21, 1967
afte 8. G alan	1	5.	THE TENER MARKIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Haurs Min.
	SIE		enale White WIDOWED DIVORCED	July 26, 190	2 64 yrs.	
haurs Item 1 Office	l eveni eveni		USUAL OCCUPATION (Give kind af wark dane and most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e ar fareign cauntry)	12. CITIZEN OF WHAT
24 in 1	S Z				Maryland	EDUNTRY?
within 24 pencil in xaminer's	pages 1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
with per carr	File		Winfield S. Maddox	Sadi	e Viola Curtin	
ed i ii	÷ –,	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? , na, ar unknown) (If yes give war ar dates af service)	7. INFORMANT	Addre	ess
ng dice	permit.	(10	, no, di dikitawii) (ii fas give wai di datas di sarrico)	1. Lewis Bail	eu Avenue,	Maryland
be executed "pending" in iief Medical E	s a burial-transit permit. crematian, ar remaval,		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	6 4	0	INTERVAL BETWEEN
be ''p	burial-transit matian, ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Onter or	amin das	nage	ONSET AND DEATH
ord ard e C	an,	П	5/6.5 DUE TD		d	
e shauld the ward ta the C	in it	П	Canditians, if any, which gave rise to immediate cause (a),			
the d to	a b		stating the underlying cause DUE TO			
ifico ting irde	S	П	last. (c)			
s certificote shauld be executed within 24 haurs e, writing the ward "pending" in pencil in Item I farwarded ta the Chief Medical Examiner's Offlice	used as burial,	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
nis of	be u	CERTIFICATION				YES NO 🔣
ER: This certificate, ould be fo	ge 3 shauld be agent, prior to	RIE	2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURR PRIMARY → or CONTRIBITING □	proc. comment	Part I ar Part II of item 18.)	
certifi certifi hould	iles. shauld l tt, prior	=	PRIMARY Rar CONTRIBUTING CAUSE OF DEATH. College	un-auto	x lun	
7	3s ent	MEDICAL		PLACE OF INJURY (Hame, far factory, street, affice bldg., etc		(Caunty) (State)
te t	age age	W	10 50 pm 6-21 1967 While at work A R	5 234-23	8 Chople	is Al HON IN
ecu Pag	or)		21. I certify that I took charge af the remains described above,	held an Autopsy,	Inspection Inqu	iry 🔀, and in my opinio
e X	gue de f		death resulted fram: Natural causes , Accident , S	vicide, Hamicide	e, Undetermined m	anner 🗌
dase irect	aine RE des		ACTUAL TO THE O	CHIEF MEDICA	L EXAMINER	
A all b	ret I D its		SIGNATURE COX 160 27	M.D.	DICAL EXAMINER	22. DATE SIGNED
O DEPUTY necessary, p the funeral	5 may be retained far yaur fi TO FUNERAL DIRECTOR: Page 3 Health ar its designated agen		EXAMINER'S NAME (Type) WIlliam D. Boud M. D.		CAL EXAMINER (A) et, city, tawn, ar county)	6/21/67
ece.	E E	23a	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Tox	wn) (Caunty) (State)
6 9 4 .	25±V	1	Principle Star June 24, 1967 Sta June 24, 1967	nha	Maragaza	Maryland
	X		FUNERAL DIRECTOR ADDRESS	2Sa. REC	D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
VR	A15ME (5) 6M 1/66	W.	Clarke Mattingley Leonardtown, Mary	land DANUN	126 1967 80	iarles judge



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF STATISTICAL RESEARCH 103575 DIVISION 8675 CERTIFICATE OF DEATH

1.	PLACE OF OEAT	H				2. USUAL RESIDEN	ICE (Wher	e deceased	lived, If inst		dence b	efore ad	mission)
_		MARYS	1 - 11 - 11	MARYLA			LAND		. 1114	ST. 1			A doum's
	write RURAL	N (if outside corpora and give nearest tov	te limits, vn)	c. LENGTH OF STAY I	N 1D	c. CITY OR TOWN (I	T OUTSIDE	corporate	ilmits, wr	te KURAL ai	id give	1169162	t town)
L	LEONAL							N PAR	K		18	./	
	d. NAME OF HO	SPITAL OR INSTITUTION	DN (if not in he	ospital, give street add	ress)	d. STREET ADDRESS	3				0.	IS RES ON A F	IOENCE ARM?
1		RYS HOSPIT				ВОХ							NO K
3.	NAME OF OECEASEO		irst	Middle		Last	4. 0	F	Month		Day	Yea	
1	(Type or print)	PAUL K	NX.	EDISON		BARNES	0	EATH	JUNI		10	19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	X 8	B. DATE OF BIRTH		9. AGE	(In years birthday)	IFUNDER 1	YEAR IF	UNOER Hours	Min.
	MALE	NEGRO	WIOOWEO	DIVORCED		4/20/1919		48	yrs.	Months	ays	110013	197113.
10	a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (County & S	State, or for	reign country) 12. CIT	IZEN OF NTRY?	WHAT	
100	STOCK (CT	VIL SERVICE		MARYLAN	D				USA		
13	B. FATHER'S NAM		1 02	123 022112		14. MOTHER'S MAI		1E					
	T DITO	ישורות מו ישומה				ANNTY	200	EDGES	mon.				
15		ENE BARNES EVER IN U.S. ARMED FO	DRCES? 16.	SOCIAL SECURITY NO.	1 17.	INFORMANT	3 V.	ED GEO	Addres	s			
	'es, no, or unkown)	(If yes give war or dates	of service)					DATEG			515	TP 75	7
-	YES	WW II		4 16 7166		R. VICTOR H	. BA	RMES	- PRY	INGTON			
				Ine for (a), (b), and (c).	- 4			. /		1000	INTERV	ANO (
В	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (a)	NCINOMA	9	pancread	u	rth					
	157	DUE	TO	1						25			
	Conditions, If	any, which	(b)	meta	co	tack							
	gave rise to cause (a), s							0.1					
	underlying caus	tating the	(c)							13501			
NO			ONS CONTRIBL	JTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE	CONOITIO	N GIVEN IN	PART 1(a)	19. V	VAS AU	TOPSY
CAT			200								YES	ERFOR	NO K
F	20a ACCIDENT	WAS UNDERLYING	20b. 1	DESCRIBE HOW INJURY	/ OCCII	RRFD. (Enter nature of	of Injury	In Part I	or Part II o	f Item 18.)	1 120		N- A
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)	20011122 11011 1112011		THE POPULATION NAVALO							
MEDICAL		INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, i	farm, 2	Of. (City	or town)	(Coun	ty)	(5	State)
	Hour a.i	m. m. 19	While at work		14000	i y, street, omcobidg.,	010.)						
2		_		ed the deceased fro	m	-18	10/2/7	to /	6-10	196	tha	(1) (v	ve) last
		ceased alive on	6-10			death occurred at	1-2 - 1-1 M	A Prom to	no Callege		_,		
	22a. SIGNAPO		0 10		u mai	death occorred at	7 BS 7 DC 1V	1, 110111 11	ile Gauses	22b. DAT			UDOTO
Н	Tan Sidili	L //	4,7	n-A		ATTENDING PHYS.	MED.	S FT S	TAFF	1 12	1100	,	
	22c. PHYSICP	IN'S	70/	VI (I)	M.D	PHYS. 22d. ADDRESS	DIRECTO	JR L P	HYS.	0/1	1/01		
	22c. PHYSICA NAME (T	J. RO	A M.D.				INGTO	N PAR	K,MD.			-11	196
23	a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d	. LOCATI	ON (City, to	wn or coun	ty)	(St	ate)
1	REMOVAL (SP	6/12	67	HOLY FAC	E C			GRE	AT MI	LLS, MA	RYLA	LND	
10	4 FUNERAL DUR	FIN Wolal	1/	ADDRESS		2541	C'Q BY	REGISTRA	R 25b. R	EGISTRAR'S	SIGNA	TURE	
1	GOAN A	WELCH - L	EONARDI	OWN . MD.		DATE	1 1 4	1967	yes	invites	Que	402	
1/-				-		1 22							

VR A15 (4) 15M 4-64



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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

ond 2 death.

on popers. Poges I within 72 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08676 08676 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b COUNTY Mary s MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL ond give nearest town) Rural Abell echaratown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 76 NO F 3. NAME OF Middle 4. DATE Month Last Dov Year DECEASED Rodney (Type or print) DEATH IF LINDER 24 HRS S SEX AGE (In years 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Hours Doys May 8. 1962 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT SOUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME Di chenson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service same as # 2 above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove

rise to immediate couse (a). stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20o. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

saw the deceased alive an-U

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. Not While

21. I certify that (I) (this haspital) attended the deceased fram

DUE TO

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

and that death accurred at

(City or town)	(County)

REGISTRAR'S

(Stote) MAM, from causes and an the date stated above.

22b. DATE SIGNED

19. WAS AUTOPSY

PERFORMED?

_		 77		_
220.	Charle	ree	nuce	20
ילנ	PHYSICIAN'S		-	

22d. ADDRESS

Leonardtown, Maryland

ALL ILL	
(County)	(Stote

BURIAL CREMATION. REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery

M.D.

23d. LOCATION (City or Town) Bushwood

20f.

DIRECTOR

24. FUNERAL DIRECTOR

NAME (Type)

eonardtown. Maruland

Charles Breenwell M. D.

196

25q. REC'D BY REGISTRAR DATE 19

TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the

The second of			08026
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DIVISION OF VITAL RECORDS, 301 W PRESTON STREET BALTIMORE, MARYLAND 21201

086	77	JONE // 2.00	CERTIFICA	TE OF DEATH		08677
PLACE OF D O. COUNTY	St. Mary's		MARYLAND	o. STATE Mar	uyland b. cou	Sto Mary's
b. CITY OR T write RUF	OWN (If outside corporate limit PAL and give pearest town) Onandrown	5,	c. LENGTH OF STAY IN 16 7 days	c. CITY OR TOWN (If o	Uside corporate limits, write RU	IRAL and give nearest fawn)
d. NAME OF St. 1	HOSPITAL OR INSTITUTION (If no Mary's Hosp.	ot in hospitol, g	ive street oddress)	d. STREET ADDRESS Rt. 2 Bo	x 115	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pnin	C 1	rst	Middle Jane	Lost Hebb	4. DATE Mon	1.41.4
s. SEX Fenale	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feb. 11. 1878	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCU	PATION (Give kind of work done orking life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	AME ? ?			14. MOTHER'S MAIDEN	NAME	
	ED EVER IN U.S. ARMED FORCES? lown) (If yes give wor or dotes of		OCIAL SECURITY NO.	7. INFORMANT	enwick same	ess # 2 above
Conditions,	OF DEATH (Enter only one could be could	(o) (5) TO (b) S	(o), (b), ond (c).) ronclical needinal	Preums Virue, H	apportension	INTERVAL BETWEEN ONSET AND DEATH
PART II. 01	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIE	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Port 1 or Port II of item 18.)	
20c. TIME	OF INJURY Month, Doy, Year our o.m. p.m. 19	20d. IN While of work	Not While	PLACE OF INJURY (Home, for foctory, street, office bldg., etc		(County) (State)
	certify that (I) (this has			that death occurred at	1956, to Journe 1 3 P.M. from causes	ond an the date stated above
22c. PHYS	Charles	Dree	unell	M.D. ATTENDING PHYS.	MED. DIRECTOR PHYS.] ZZO. DATE SIGNED
NAM	(Type) Charles				Leonardtown,	
Burial, CR Burial 24. FUNERAL D	Specify) 6-16-6	FREOF	St. Aloysi	OR CREMATORY	23d. LOCATION (City or To	Own) (County) (State) Manufand GEISTRAR'S SIGNAPURE
	be Matting law	10000	ndtaun M-	Jane State	19 1967 20	tianley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond complexety filled in by the funerof, director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remavol, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed-within 24 hours after deoth

Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTI

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CERTIFICATE OF DEATH

08678

	-				CERTIFIC	AIL	OI DEATH			0.0	10 11	9	
		LACE OF DEATH				I	2. USUAL RESIDENCE (Where deced	sed fived, if institu	tion: Residen	e before	odmissio	n)
	0	COUNTY	ST . MARY 1s		MARYLAN	10	o. STATE		b. COU	NTY C-	.MAR		
-	ŀ	CITY OR TOWN (If outside corporate limit	•	C LENGTH OF STAY IN 1		c. CITY OR TOWN (If o	RYLAN					
1		write RURAL and	give nearest town)	~,	L. LLIIOIII OI SIAV III II			· ·		1			
-			ARDTOWN	-A to 1 2-1	1 11 11 11			VILLE		10	1	IC DECID	ENCE
	C		AL OR INSTITUTION (If n		give street address)		d. STREET ADDRESS					IS RESID	
L			ARY'S HOSP								YE	S 🗶	NO L
1		IAME OF DECEASED	Fi	irst	Middle		Lost	4. DATE	Mon	th	Doy	Yeo	
L	(Type or print)	Jos	EPH	ARTHUR		HOLT	DEATH			2	19 6	
	S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3 8.	DATE OF BIRTH		AGE (In years lost birthdoy)	Months 1	Doys I	F UNDER Hours	24 HRS.
		MALE	COLORED	WIDOWED	DIVORCED [APRIL 25. 1	891	76 yrs.	Monnis	Doys	110013	WIII.
			(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County		oreign country)		IZEN OF V	TAHV	
-	durii	ng most of working FARMER		IN	DUSTRY	38.0	3-7151651	Manue	4.000	(0)	U.S.	Δ	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	ANU		UAUA		
		Joons	Eugana Ha										
1	15	WAS DECEASED EVE	RINUS, ARMED FORCES?	16	SOCIAL SECURITY NO.	17 IN	FORMANT	YOUNG	Addı	'ess			
	(Yes	no, or unknown)	(If yes give wor or dotes	of service)	TOTAL SECURITY NO.								
					1	HE	ELEN E. HOL	. T	SAME A	S #2 A			
ı		18. CAUSE OF DE	EATH (Enter only one cou IH WAS CAUSED BY:	use per line for	(o), (b), ond (c).)		1				ONSE	VAL BET	WEEN EATH
I		.100	IMMEDIATE CAUSE	, ,	promong	0	celun	data			1		-
L		420	DUE	TO			clerat	- 4	/ A	11.44	-	-	4
ı		Conditions, if any, rise to immediat	e couse (a)	(b)	arren	2 1	cleral	- /	10	4	త	7	23
		stoting the under		10									
		lost.)	(c)						-			
	z l	PART II. OTHER SIG	GNIFICANT CONDITIONS	ONTRIBUTING 1	O DEATH BUT NOT RELATED	D TO TH	IE TERMINAL DISEASE CO	NDITION GIV	EN IN PART 1(a)		19. V	VAS AUTO	PSY D?
ľ	Š									- 55	YES		NO X
l	CERTIFICATION	200. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCCUI	RRED. (E	nter noture of injury in	Port I or Po	ort II of item 18.)			144	
			MEDICAL EXAMINER)										
	MEDICAL		JRY Month, Day, Yeor				OF INJURY (Home, farm		(City or town)	(Cou	inty)	(Stote)
	ME	Hour o.n	10	While		toctor	y, street, office bldg., etc.	.)					
		-			ded the deceased fra	m 7	Feb- 15-,	1966	to lune	2 . 196	7. tha	t (I) (v	ve) last
					1 19 <u>67</u> , and	that	death accurred at	IP	M, Cam causes	and an th	e date	stoted	above
		220. SIGNATURE	000	1 1	0						TE SIGNED		
		6	Ulas	1/3a	1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 6	-5	-6	7
ı		22c. PHYSICIAN'S	C. F. W. V.	1			22d. ADDRESS					-	
		NAME (Type)	WILLIAM	Boyp.	M.D.		LEONA	RDTOW	N. MARY	AND			
F	230	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETER	y OR C	REMATORY .	23d. L	OCATION (City or To	own)	(County)	(5	tote)
1	B	REMOVAL (Specify	6/5/10	57	ST. Jose			120	MORGANZA	0-	17		
ľ		FUNERAL DIRECTO		-1	ADDRESS			D BY REGIST		EGISTRAR'S S	GNATURE	4 · 6	MD.
1		W.CLARKE	MATTINGLE	, 1	EONARDTOWN.	Mp.	DATEIN		007 m	Linda	. 0	Lat.	
L				-		1110	1.111	6	967 1 40	THE PARTY	7	-	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL FYAMINER'S CERTIFICATE OF DEATH

08680

ATE UO	000	MEDICAL EXAMINER'S	CERTIFICATE OF D	EATH	08630
1. PLACE O	F DEATH		2. USUAL RESIDENCE (Where	deceased lived, if institution: Re	esidence before admission)
0. 000111	ST . MARY S	MARYLAND	MARYLAI		T. MARY S
b. CITY O	OR TOWN (If outside corporate limits, RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	corparate limits, write RURAL an	d give nearest town)
Wille	LEONARDTOWN		LEONARI	DTOWN	18=1
d. NAME	OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
			LAWRE	NCE AVENUE.	YES NO
3. NAME O		Middle	Lost 4. I	DATE Month	Doy Year
DECEASE (Type or	print) MARY	MILDRED		OF DEATH JUNE	NDER I YEAR THE UNDER 24 HR
. SEX	6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. AGE (In years IF U	
FEM	ALE WHITE	DOWED DIVORCED	SEPT.20,1926	40 Yrs.	iths Days Hours Min
10a, USUAL C	OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT
W	af warking life, even if retired) IAITRESS	INDUSTRY	MARYL	AND	COUNTRY?
13. FATHER	'S NAME		14. MOTHER'S MAIDEN NAME		
	JESSIE CURRIE		PEARL B	ROWN	
IS. WAS DE	CEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, ar t	unknown) (If yes give war ar dates of service		HN A KNOTT	CAME AC 4	2 ABOVE
I IB. CA	NUSE OF DEATH (Enter only one cause per	line for (a) (b) and (c))			INTERVAL RETWEEN
P	ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carona	my infarct		ONSET AND DEATH
4	DUE TO		7		- Free
	ons, if ony, which gove) (b)				
rise to	immediate cause (a), DUE TO				
lost.	(c)				
PART II	I. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(o)	19. WAS AUTOPSY
100					PERFORMED?
20o. EX	XTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I	or Port II of item 18.)	
PRIMAR CAUSE (RY □ or CONTRIBUTING □ OF DEATH.				
=	ME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEE	Hour o.m.	While at wark at wark fact	tary, street, office bldg., etc.)		
21	I certify that I taok charge af the		old an Autansy 🔲 Ins	spection X, Inquiry [X, ond in my opini
			ide . Homicide		
1 360	A A	O JOIL	CHIEF MEDICAL EXAM		
ACTUA		130018 14 P	M.D. ASSISTANT MEDICAL E		22. DATE SIGNE
1 1		1-1/2	DEPUTY MEDICAL EXA		1611-
NAME		BOYD MD	Address (Street, city,		6/2/67
23o. BURIAL	L, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 2	3d. LOCATION (City or Town)	(County) (Stote)
BURI	VAL (Specify) 6/5/167	ST. ALOYSIUS		LEONARDTOWN &	ST. MARY S MD
	AL DIRECTOR	ADDRESS	2So. REC'D BY R	REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE
W	CLARKE MATTINGLEY	1	MAD DATEJUN 5	1967 Will	men judge

• and the second C. DANCE 5 000 M 1994 365 45 451 MI 2 . A SECTION OF WARD CONTRACTOR OF THE CONTRACTOR O executed within 24 haurs

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		•		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the hospital ar attending physician.	to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campledely Alled in by the funeral	nauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2	shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
ATTENDI	stained b	CTOR: Aft	shauld b	ith the SI
OR /	pe re)REC	e 3	ed wi
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OSPI	9 4 11	INER	ctar,	uld k
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08681 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY St Marys Md. Charles MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Leonardtown Rural-Hughesville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St Marys Hospital Rt 1 Box 142 YES NO 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED Mary Koller June 26 19 67 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Jast birthday) Months Hours 3-18-1886 Female Cau. WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Austria Housework Domestic 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, nor ar unknawn) (If yes give wor ar dates af service) 1 Box 142 Willie Koller, Hughesville, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) 331X DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CATION PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. factory, street, affice bldg., etc.) Not While at wark at work 19.63, to . 1962, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Feb 6/26 6/2 < 19 67, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE DATE SIGNED ATTENDING M.D. PHYS DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) Burial (Specify) St Marys Cemetery 6-28-67 Bryantown, Charles, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS**

The Huntt Funeral Home, Waldorf, Md.

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Windo H. BRADING

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08682

CERTIFICATE OF DEATH

08682

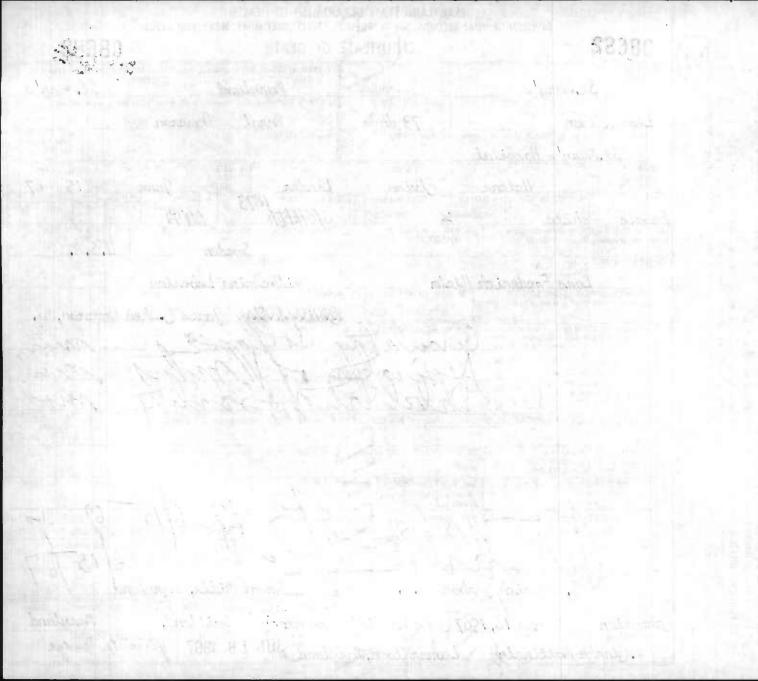
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	OF DEATH				E (Where deceosed I		: Residence befor	re odmission).
o. COU	St. Manu's		MARYLAND	o. STATE	ruland	b. COUNTY	Sta	Manuel
	OR TOWN (If outside corporate limit	s,	c. LENGTH OF STAY IN 1b		outside corporote li	mits, write RURAL	ond give neares	st town)
	te RURAL and give nearest town)		72 1-11		, ,		101	
d NAM	onardtown. ME OF HOSPITAL OR INSTITUTION (If no	et in hospital a	73 days	d. STREET ADDRESS	rac Da	neron	1.1	e. IS RESIDENCE
u. IIAIII	St. Mary's Hosp	ital	ive sireer oddress)	d. SIKEEI ADDKESS			-111	ON A FARM? YES NO
3. NAME	OF Fi	rst	Middle	Lost	4. DATE	Month	Doy	y Year
DECEAS (Type of	SED Hele	an a	Elvina	Linder	OF DEATH	June	1	5 1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	873 9. A	GE (In Veors	F UNDER 1 YEAR	TIF UNDER 24 HRS.
Fema	le white	WIDOWED		6/6/4kt/	6/5	st birthdoy) A/94 yrs.	Months Doys	Hours Min.
	L OCCUPATION (Give kind of work done		ND OF BUSINESS OR	11 BIRTHPLACE (COL	inty & Stote, or foreign		12. CITIZEN OF	F WHAT
	st of working life, even if retired)		DUSTRY	Tr. bikim bice (coc			COUNTRY?	4
12 CATUE	ER'S NAME			14. MOTHER'S MAID	Sweden		Uesof	le
IS. FAIRE				14. MUTHER 3 MAID	EN NAME			
	DECEASED EVER IN U.S. ARMED FORCES?	rick His	elm	Wilhe	elmina Let	pertau		
1S. WAS I	DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yes give wor or dotes o	of service) 16. S	SOCIAL SECURITY NO.	17. INFORMANT				
(105,110,0	(it yes give their er deres	,,,,,,,,		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Store Jame	en E. She	a Dameri	on Alda
	CAUSE OF DEATH (Enter only one cou	se per lipe for	(o), (b), ond (c))	0/			1NT	TERVAL BECWEEN
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	mala Va Ve	Til Cot	Kans	7	2	SET AND DEATH
-	794X DUE		a comment	7	1//	1		1
	itions, if ony, which gove	(b) A	1000000	otor of	Wan	1 Vans	/	nun
	o immediate couse (o), DUE		1.19 47-1		110	9.11	1	70-0
stotin last.	ng the underlying couse	(0)	EVAXIV	3 Li Mant	Same	Ville	N	nos
	II OTHER CICALECANT CONDITIONS	11	O DEATH BUT NOT BELATED	TO THE TERMINAL PIECES	CONDITION GIVEN IN	DADE 16-)	19.	WAS AUTOPSY
S PAKI	II. OTHER SIGNIFICANT CONDITIONS C	UNIKIBUTING	U DEATH BUT NOT KELATED	TO THE TERMINAR DISEASE	CONDITION GIVEN IN	PART I(0)		PERFORMED?
\$							У	ES NO
	ACCIDENT WAS UNDERLYING ☐ ONTRIBUTING ☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II	of item 1B.)		
	THER, NOTIFY MEDICAL EXAMINER)							
MEDICAL 20c.	TIME OF INJURY Month, Doy, Year			PLACE OF INJURY (Home,		ity or town)	(County)	(Stote)
WEI	Hour o.m. 19	While	Not While of work	foctory, street, office bldg.,	etc.)	. /		
2	1. I certify that (I) (this has			11/2	19 /2 //0	4115	19 67 th	hat (I) (we) las
	aw the deceased alive an	7///		that death accurred	ot JAM I	am auses an		
	SIGNATURE . V	11/	12	1/	111.		22b. DATE SIGN	
120.		b	1/1/>	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	1175	TIM
220	PHYSICIAN'S	1	VI	22d. ADDRESS	DIRECTOR L	РПЗ.	0/10	16 /
220.		5 Janho	e M.D.		cat Mills	Manula	and	/ /
02- 01/0/						//		1511
Z30. BURI	IAL, GREMATION, 23b. DATE TH OVAL (Specify) June		23c. NAME OF CEMETERY	_		ION (City or Town)	A.A.	
		6,1967	Cedar Hil					ryland
* * * * *	ERAIL DIRECTOR		ADDRESS		N 1 9 196	7 200 Clu	TRAR'S SIGNATUL	KE
14/	Clarke Mattinal	me /	annandtaum /	land and with	IT TU ISO	1	100	~

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

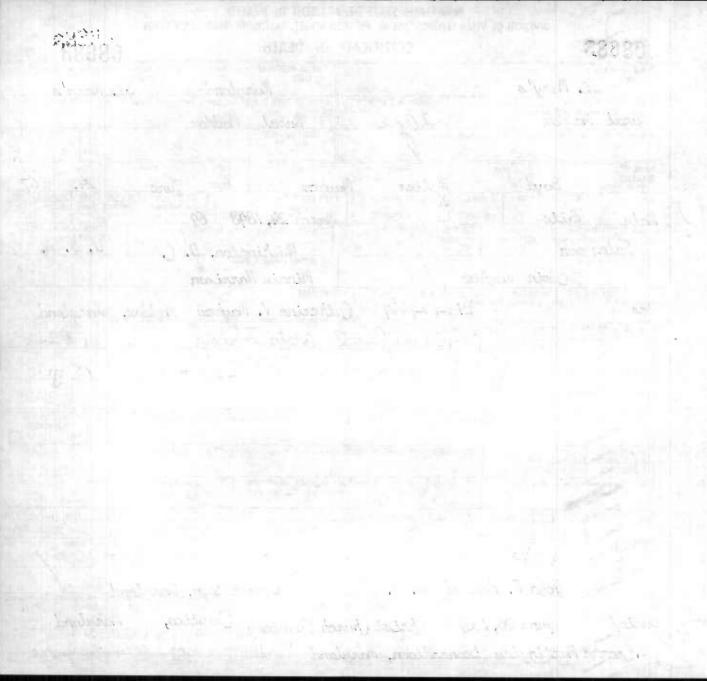
completely filled in by the funeral and 2 and 2 yevent, within 72 haurs after deaths.

mave car

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please refines should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in the VR A15 (4) 25M 1/67



		08683			CERTIFICA	TE OF	DEATH		08	683
forealt Tand		COUNTY S	t. Mary's		MARYLAND	0.5	STATE Mary	land	b. COUNTY	Maru A
vithin 24 haurs aft Ily filled in by the nan papers. Pages within 72 hours aft		Reval one	f outside corporate limit give nearest town) access AL OR INSTITUTION (If no	6	NGTH OF STAY IN 16 2 Oya eet address)		Rural REET ADDRESS	de corporate limits, de Maddox	write RURAL ond giv	l e. IS RESIDENCE
filled in papers.										ON A FARM? YES NO
etely arban		NAME OF DECEASED Type ar print)	Boyd	rst Wa	Middle Lter	Mauhe		4. DATE OF DEATH 2	Manth	24, 19 67
d camplet move car invescent	5.	4	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	44	of BIRTH ch. 24, 189	9. AGE (In last bir	Years IF UNDER	1 YEAR IF UNDER 24 HRS. Doys Haurs Min.
e death certificate be executed within 24 he attending physician and campletely filled in permit. Then please reprove carban papers. an, ar remaval, and in any event, within 72 h	10a	USUAL OCCUPATION ng mast of working Sales	(Give kind of work done life, even if retired)		BUSINESS OR		RTHPLACE (County & S		try) 12. CI	TIZEN OF WHAT
th certificating physic Then ple remaval, a		FATHER'S NAME	Edwin M			1	Minnie Ha			
attending permit. I jan, ar rer	15. (Ye	WAS DECEASED EVE s/no, or unknawn)	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service) 2/3-/(7. INFORM	rine V. M	layhew 1	Address laddox, I	Maryland
requires that thing physician. In signed by the prival-transit is burial-transit in burial, cremating		PART I. DEA' H201 Canditians, if ony, rise to immediat stating the unde last.	e cause (a), DUE	(c) My19 10 (b) arter 10	carden	l die	Hoort	Siseas		INTERVAL BETWEEN ONSE PAND DEATH
e had alth g	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERM	MINAL DISEASE CONDI	ITION GIVEN IN PAR	T 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter no	ature of injury in Pa	rt I or Part II af iter	n 18.)	
the harthis detacted Dep	MEDICAL	20c. TIME OF INJU Haur 'a.r p.r	10	20d. INJURY While at wark			IJURY (Hame, farm, et, affice bldg., etc.)	20f. (City ar	town) (Co	ounty) (Stote)
OR ATTENDING be retained by 1 DIRECTOR: After je 3 shauld be 1 ed with the Stat			fy that (I) (this hose eceased alive on_	pital) attended t	he deceased from	that deoth	rending 😾 M	M, from ED. STA RECTOR PH	couses ond on t	, that (I) (we) last the date stoted obove. PATE SIGNED
HOSPITAL OR ge 4 may be FUNERAL DIR rectar, page 3 nould be filed		22c. PHYSICIAN'S NAME (Type	John F.	Fenwick	M. D.	22	ed. ADDRESS Leona	rdtoun, N	laruland	
TO HOSPITAL OR ATTE Page 4 may be retaine TO FUNERAL DIRECTOR director, page 3 shau shauld be filed with th	230	BURIAL, CREMATION REMOVAL (Specify	on, 23b. DATE THE		Christ Ch	,	Comotony	23d. LOCATION (Chaptical BY REGISTRAR	AA	(County) (State)
VR A15 (4) 25M 1/67	24	W. Clarke	Mattingle	y Leonard	Stown. Mar				000	les Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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we) last

000	04		CEKTIFICA	IE OF DEATH		00001
1. PLACE OF D	EATH					tion: Residence before odmission)
o. COUNTY	Sto Mary!	1	MARYLAND	o. STATE	b. COU	VT M
b. CITY OR 1	OWN (If outside corporate li	mits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If &	utside corporote limits, write RL	IRAL ond give neorest town)
write RU	RAL and give nearest town)		D. O. A.	Runal	Leonardtoun	18.1
	HOSPITAL OR INSTITUTION (I	f not in hospitol,		d. STREET ADDRESS	<u> Levianaixanai</u>	e IS RESIDENC
	Sto Mary's	Hospita	1			ON A FARM YES NO
3. NAME OF DECEASED		First	Middle	Lost	4. DATE Mon	th Day Year
(Type or pri			Magdalene	Moroan	DEATH June	19. 19 67
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE ffn yeors	IF UNDER 1 YEAR IF UNDER 24
Female	White	WIDOWED	DIVORCED [July 21, 18	last birthdoy) yrs.	Months Doys Hours A
	PATION (Give kind of work do		CIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT
uring most of v	vorking life, even if retired)		NDUSTRY		Maryland	COUNTRY?
13. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
	James H.	Jones		1,,	cy Spaulding	
IS. WAS DECEA	SED EVER IN U.S. ARMED FORCE	5? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT	Addr	ess
(Yes, no, or unk	nown) (If yes give wor or dot	es of service)	1	ouis (. Moro	an lannadt.	n. Maryland
I ID CAUSE	OF DEATH (Enter only one	couse per line fo		Ducs (FIDIO	uit, Leonanacou	INTERVAL BETWEE
PART	I. DEATH WAS CAUSED BY:			he ant to	5	ONSET AND DEAT
4	IMMEDIATE CAL	35 (0)	on costure	1	· Jack	10.14
Conditions	if ony, which gove	OUE TO	21.2. 115 0	materia.	CALS	Mario
rise to im	mediote couse (o),	(b) Y	men was	2701-0-031	2,020	1200
	underlying couse					
last.	,	(c)				LIA WAS AUTORS
PART II. 0	THER SIGNIFICANT CONDITION	S CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
\$	Vernic	wis	Al nemi z			YES NO
	ENT WAS UNDERLYING BUTING CAUSE OF DEATH	20b. C	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 1B.)	
(IF EITHER,	NOTIFY MEDICAL EXAMINER)					
	OF INJURY Month, Doy, Year			PLACE OF INJURY (Home, for		(County) (Stot
ž i		19 While	e Not While rk at work	foctory, street, office bldg., etc	.,	
21.	certify that (I) (this h	aspital) atter	ded the deceased fram	,	1963, to JUL	e, 19 67, that (1) (we)
saw	he deceased alive an	12-3	nded the deceased fram	that death accurred at	M, fram causes	and an the date stated at
22o. SIGN						22b. DATE SIGNED
/	in W	en 1	~	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	
220 PHYS	ICIAN'S	1 4	^	22d. ADDRESS		-4
NAM	E(Type) Leon W. B	erbue M	. <i>U</i> .	Med	haricsville M	apuland
23o. BURIAL CI	EMATION. 23b. DATE	THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or To	own) (County) (Stote
REMOVAL		21 106-			Leonardtour	M 1 1
24. FUNERAL	DIRECTOR	21,140/	ADDRESS A	2So. RFC		EGISTRAR'S SIGNATURE
W. Cla	abo Matting 1	u long	ardtown, Mary	uland		Melanles Judge
" Cu	are municipal	y Leon	www.	plana DATE	JN 26 1967	10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please tender calban papers. Pages 1 and 2

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, 00000			CERTIFICAL	E OF DEATH		08585
PLACE OF DEATH O. COUNTY	ST. MARY S		MARYLAND	o. STATE	Where deceased lived, if institution: b. COUNTY	
b. CITY OR TOWN write RURAL of	(If outside corporote limits, and give nearest tawn) AL HOLLY WOOL		c. LENGTH OF STAY IN 16		utside carparate limits, write RURAL	and give nearest tawn)
			LIFE	RURAL	HOLLYWOOD,	- 18/
d. NAME OF HUSE	PITAL OR INSTITUTION (If not	in haspital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM? YES 🗶 NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE Month	Doy Year
(Type or print)	BERNARI			RALEY	OF DEATH JUNE	28, 1967
S. SEX		7. MARRIED		B. DATE OF BIRTH	last birthday) A	FUNDER I YEAR IF UNDER 24 HR. Manths Days Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED	Ост. 31,18		
during most of warking			ND OF BUSINESS OR DUSTRY		& State, ar fareign country) WOOD, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	MILE	110	VI (S	14. MOTHER'S MAIDEN		
0	TEPHEN E. RUI	00511		A1 10	E CECIL	
1S. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO. 17	. INFORMANT	Address	
(Yes, no, ar unknawn) (If yes give war ar dates af	service)				D. MARYLAND
I IR CAUSE OF	DEATH (Enter only one cause			AWRENCE Y. R	ALEY HOLLYWOO	INTERVAL BETWEEN
	ATH WAS CAUSED BY:	(0,0,000	Fail		ONSET AND DEATH
1177	IMMEDIATE CAUSE (c	,	man	arean		
Conditions if or	u uhish asus 3	18)11 "	Des Marry	on Ninger	2	
rise to immedi	ate cause (a),	,	aco y asone	1)		
stating the und	derlying cause	10	reliral.	Comor	rhage	
PART II. OTHER	SIGNIFICANT CONDITIONS COL	NTRIBUTING T	O DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II af item 1B.)	
B Hour'	JURY Manth, Doy, Year a.m. p.m. 19	20d. IN While at work	11	LACE OF INJURY (Hame, far actory, street, affice bldg., etc.		(County) (State)
saw the	deceased alive an		ed the deceased fram_	nat death accurred at	1964, to 6/28 M, fram causes and	_, 19 <u>67,</u> that (I) (we) lo d on the date stated above
22a. SIGNATUR	harles &	Trees	mell	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN NAME (Typ		GREENW	ELL M. D.	22d. ADDRESS	NARDTOWN, MARYL	AND
23a. BURIAL, CREMA	TION, 23b. DATE THER JUNE 30		23c. NAME OF CEMETERY C		23d. LOCATION (City or Town)	(County) (State) MARYLAND
24. FUNERAL DIREC			ADDRESS		D BY REGISTRAR 25b, REGIS	TRAR'S SIGNATURE
W.CLARKE	MATTINGLEY	LEONA	ROTOWN. MARYL	AND DATEUL	10 1967 fch	ares judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages and directar, page 3 should be diled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death Page 4 moy be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

St. ARV'S ST. ARV'S ST. ARV'S ST. ARV'S ST. ARV'S ST. LIFE HALCYON O, TOWY AUGH JARON TENNANDING N. MALEY THE STREET STREET POLCYGOO, MARYLAND COOK CONTRACTOR OF THE STATE A. CALLY . HILL TOUGH . MAYEAGE

CHARLES DREEMEEC N. C. . LEGNANGIDAN - ARE AND

BOHNE LINEY BY DOWN DENTENY PARTERY W.SLATHER BATTINGURY LEDWARDTON , MANYE NA CONTRICT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. COUNTY a. STATE Mary s Maryland death. Department b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If oftside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) haptico d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Page Page 5201 Middleton Lane State hours State Route 234 DATE pu 3. NAME OF Month Middle DECEASED 0F DEATH (Type or print) Reed Rose atherine = DATE OF BIRTH 6. COLOR OR RACE OTE after death. I WIDOWED X DIVORCED event EXAMINER: This certificate should be executed within 24 hours after deal certificate, writing the word "bending" in pencil in Item 18. Give Parould be forwarded to the Chief Medical Examiner's Office along with 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR and BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY Washington. pages 1 in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Ann Laura Bailey Jones S. Knox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? File 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. I 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which (b) gave rise to immediate

e. IS RESIDENCE DN A FARM? NO X Day Year 19 67 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRYZ same as # 2 above INTERVAL BETWEEN ONSET AND DEATH DUE TO cause (e), steting the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO TO 20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inlury in Part 1 or Part 11 of Item 18.) (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Yeer (City or town) factory, street, office bldg., etc. Hour e.m. Not While Rts 234 10750 p.m. et work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURI DEPUTY MEDICAL EXAMINER V **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) 23a. REMOVAL (Specify) FUNERAL DIRECTOR Mattinaley Funeral DATE

Prince yeorge

FUNERAL I retained director. of 0 VR ALSME (5)

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used as to burial

3 should be agent, prior

CTOR: Page designated

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should files. DIRECTOR:

Page 4 for your State of the state and the second of the second o South models of the Section of the S Trends aliens of the state of the state of The processings Same J. Lands Server , subscribe manufact of the first Took and the second of the second The contract and the same and the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0868	7	CERTIFICATE	OF DEATH		08687
1. PLACE OF DEATH o. COUNTY S	T. MARY'S	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUNT	ST. MARY S
b. CITY OR TOWN write RURAL or RURAL	(If outside corporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write RURA	AL and give nearest tawn)
d. NAME OF HOSPI	TAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JAN1E	Middle FISH SAU	Last	4. DATE Month OF DEATH JUNE	30, 19 67
S. SEX FEMALE	The state of the s		EB. 20, 1890	9. AGE (In years last birthdoy) 77 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10o. USUAL OCCUPATIO during mast of working WIFE	N (Give kind of wark dane g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (Caunty	& Stote, or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	SANI		14. MOTHER'S MAIDEN I		
15 WAS DECEASED BY	ALFRED G. SAX FER IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 17. II	NFORMANT SAL	Addres	LEE, MARYLAND
	ite cause (a),	er line for (a) (b), and (a) ventucula Mycard Amar	leaf of	marche Dise	INTERVAL BETWEEN ONSET AND DEATH MACHINE ONSET AND DEATH
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART I(a)	WAS AUTOPS/ PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUMED. (Enter nature af injury in	Part I ar Part II af item 18.)	
	JURY Month, Doy, Yeor .m. 19		E OF INJURY (Hame, farn ary, street, affice bldg., etc.		(County) (State)
	ify that (1) (this hospital deceased aliye an	1) attended the deceased fram	death accurred at	96/ ta 6/3 DM fram causes a), 1967 that (I) (we last and an the date stared abave
22c. PHYSICIAN	spary	Jorg M.D	ATTENDING PHYS. 22d. ADDRESS	DIRECTOR PHYS.	6/3 96
NAME (Type	107 . OK			GREAT MILLS.	
23a. BURIAL, CREMAT REMOVAL (Specif BURIAL 24. FUNERAL DIRECT	JULY 2, 1	1./	EMETERY		(County) (State) MARY S MO ISTRARS SIGNATURE
W.CLARKE	MATTINGLEY 1	LEONARDTOWN. MARYLA	ND DATE	10 1901	area Junge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carben pagers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 12 haurs after dea Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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MARLEYAN , EJUIN TARRE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY ST. MAR	y 1 8	MARYLAND		(Where deceased lived, i	h COLINTY	• MARY 18
b. CITY OR TOWN (If autside carparat write RURAL and give nearest taw	te fimits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, v		
d. NAME OF HOSPITAL OR INSTITUTION		6 DAYS	d. STREET ADDRESS	,		18 /
ST. MARY S		ive street address)	d. SIKEET ADDRESS	61. n m 1.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth	Day Year
(Type or print)	JOHN	FRANCIS	THOMPSON	DEATH	UNE F	9. 1967
S. SEX 6. COLOR OR RA MALE WHITE	7. MARRIED WIOOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In last birt	hday) Manths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of war		ND OF BUSINESS OR	JAN. 14, 1870	y & State, ar fareign caunt	γrs. 12 c	ITIZEN OF WHAT
during most of working life, even if retired)	INI	DUSTRY	II. BIKIHPLACE (COUII	MARYLAND	((DUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	N NAME		
JAMES ALEXADI	DER THOMPS	ON	HARRIE	T MARIA RAL	EY	
15. WAS DECEASED EVER IN U.S. ARMED FO	ORCES? 16. S	OCIAL SECURITY NO. 17	. INFORMANT		Address	
(Yes, no, or unknawn) (If yes give war ar	21	7-36-6878A N	ARS PAUL MAT	TINGLY LEO	NARDTOWN	MARYLAND
1B. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: /\$	(a), (b), and (c).)	+7'() . +	0 .	INTERVAL BETWEEN
IMMEDIATE		is how he	and 400	and,	Recumie	4 Dweep
Canditions, if any, which gave γ	DUE TO	Jacob Jana	track out	Discar o		2045.
rise ta immediate cause (a), (DUE TO	30202		4		120911
stating the underlying cause						COLUMN THE REAL PROPERTY.
PART II. OTHER SIGNIFICANT CONDITI	(c)	O DEATH BUILDING DELATED TO	THE TEDMINAL DISEASE CO	ONOTION CIVEN IN DARK	1/->	19. WAS AUTOPSY
NO IN TAKE II. OTHER SIGNIFICANT CONDITION	IONS CONTRIBUTING IS	O DEATH BUT NOT RELATED IN) THE TERMINAL DISEASE C	UNUITION GIVEN IN PART	1(a)	PERFORMED?
200. ACCIOENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	1	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Part I ar Part II of item	18.)	
20c. TIME OF INJURY Month, Day, 1 Haur a.m.	Year 20d. IN. While at wark	Nat While f	LACE OF INJURY (Home, fa actary, street, affice bldg., et	rm, 20f. (City or t	own) (Co	ounty) (Stote)
21. I certify that (I) (this	1			19, ta	, 19_	, that (I) (we) las
saw the deceased alive of	on	19, and th	at death accurred a	itM, fram o	auses and an t	he date stated above
220. SIGNATURE	wh		M.D. ATTENDING PHYS.	MED. STAF	F D	ATE SIGNED -12-67
22c. PHYSICIAN'S NAME (Type) JOH	IN F. FENW	ICK M. D.	22d. ADDRESS	LEONARDTOW	V, MARYLA	IND
_ REMOVAL (Specify)	ATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (Cit		(Caunty) (State)
24. FUNERAL DIRECTOR	16,1901		RT CEMETERY	Вивниос	ID. Ma	RYLAND
24. FUNEKAL DIKELTUK		ADDRESS	2Sn. RFC	C'D_BY_REGISTRAR	25b. REGISTRAR'S S	CONATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending prysician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. They please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after dear

VR A15 (4) 25M 1/67

s Tyssh .T. HIVEAU .TL CATVING L STANCTON, SYAGE DAYS IN AVENUE, DATISOON S VAC. . 10 THUL THE PRECLOSE LIGHTS WHEN VALE CYST, AT, MAD A STATE A STATE OF THE ST .8.5.00 YELFRY TILEBAN присмон плеваха 2% рамац. 21 - For Each and Aug to houry Les Massaches, Mary Louis ALL A SELECTION IN PROPERTY. Lauding Total Children COPIAL CONSTITUTE OF THE CONTROL OF CLARKE MATTINGER, LEGISARGIONE, SCHOLLAND CONTRACTOR STATES

FOR STATE

FOR STATE 08683

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O

MARYLAND STATE DEPARTMENT OF HEALTH

08689

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EAL	n DEFT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY	
-S -O	± 0		St. Mary's Maryland D. COUNTY St. Maryland St. Mary's	
delay	deg		b. CITY OR TOWN (If outside carporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	_
del	E/E		write RURAL and give nearest tawn)	
25	E SE	\vdash	Leonardtown / hour Rural Maddox /8./	_
2			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?	
es .	tarm tarm		St. Maru's Hospital	
Pages			NAME OF First Middle Lost 4. DATE Month Day Year	
de e F	≥ 8 C		DECEASED (Type or print) William Stanton Weaver DEATH June 11, 1967	
after death. 3. Give Page	Office along with the Steeper with the Steeper within 72 to event with		Type of print) William Stanton Weaver DEATH June 1 1967 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IM yeors IF UNDER 1 YEAR IF UNDER 24 HR	25
D	with with		As a lost birthdoy) Manths Doys Hours Min	-
haurs a Item 18.	at T		Male Colored WIDOWED DIVORCED Jan. 31, 1922 45 yrs.	
hai	Office and 2 event		. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	
		001	National Guard Madison Virginia U.S.A.	
c ==	pages I	13.	FATHER'S NAME 14. MOTHER'S MATDEN NAME	_
within pencil	E 0.E			
D €	File	15	Cleveland L. Weaver WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	_
ted .	5 ± -	(Ye		
ing in	Medical permit. emoval,	L	Yes (WIII) (It yes any evolor dotes of service) 223 28 1100 Geraldine E. Weaver Maddox, Maryland	
be executed pending in	tarwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages burial, cremation, ar removal, and in any		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN	
be	a the Chiet burial-transit matian, ar re		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH	nd.
0 0	5 5 .	1	4201 DUE TO	70
ward	tion to		Canditions, if ony, which gove) (b)	
s P	bu bu		rise to immediate cause (o),	-
g the	Cre o		stating the underlying cause	
ting.	as as		lost. (c)	_
his certificate shauld ate, writing the ward	used a burial,	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?	
S 9,	to be	CERTIFICATION	YES NO D	X
ER: This certificate,	s 4 shauld be to aur files. ge 3 should be agent, priar to	E	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	-
E	를 들는	ERI	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	
MINER: the cert	shauld b files. 3 should nt, priar	AL		_
The The	Jen 3	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (County) (Stote)	
Te A	w = 0	2	p.m. 19 of work U	
E C	ted Ped		21. I certify that I took charge of the remains described above, held on Autopsy 🔲, Inspection 🔀, Inquiry 🔀, and in my opinion	01
ex ex	irectar. Pag ained far y IRECTOR: P designated		deoth resulted from: Notural causes 🔀 , Accident 🗍 , Suicide 🗍 , Hamicide 🗍 Undetermined manner	
Se	ecto REC REC esiç		CHIEF MEDICAL EXAMINER	
ME	direct etaine DIRE s des		ACTUAL 22 DATE SIGNE	Đ
> .			DENITY MEDICAL EVANUED TO	7
2 8	ERA FRA			/
o DEPUT	may be remained by the remaine			_
o e	5 may 70 FUNE Health	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	
_	= 0		urial 6/15/67 Sacred Heart Cemetery Bushwood, Maryland	
	1	24	FUNERAL DIRECTOR ADDRESS 250. PECID BY REGISTRAP 256. REGISTRAP'S SIGNATURE	
	VR A15ME (5) 6M 1/66	W	Clarke Mattingley Leonardtown, Maryland DATE	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0.86	90		CERTIFICA	TE OF DEATI			085	90	100	
1. PLACE OF DEA	тн			2. USUAL RESIDEN	CE (Where de			Idence b	efore ad	mission)
	MARYS		MARYLAND	a, STATE	YLAND	b. cou		MARY	C	
b. CITY OR TO write RURA	WN (If outside corpora L and give nearest to	nte iimits, wn)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (I	f outside cor		rite RURAL a	nd give	nearest	t town)
	ARDTOWN	ON /if not In h	 ospital, give street addres:			ALIFORNI	A / 0	Α.	IS RESI	IDENCE
			ospital, give street address	d. STREET ADDRESS					ON A F	ARM?
	MARYS HOSPI			259 STA				YE		NO
3. NAME OF DECEASED	F	irst	Middle	Last	4. DATE	Mont	:h	Day	Year	r
(Type or print)	A Ada AT AT als		N/M	WIEBER	DEATI	O UTILITY		3	19 6	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months D		Hours	24 HRS
FEMALE	WHITE	WIDOWED	DIVORCED _	8/30/1887	30-61	79 yrs.	- 7			******
LOa. USUAL OCCUPA	ATION (Give kind of work	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County & State	, or foreign countr	y) 12. CIT	IZEN OI	F WHAT	
HOUSE			OMESTIC	MARY	LAND			SA		
13. FATHER'S NA	ME			14. MOTHER'S MAI						
RREDE	RICK WEBER			PLIC	E REIN	POUR				
15. WAS DECEASED	DEVER IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT	III REBLEM	Addre	ISS			
	(If yes give war or dates		17 05 70700	MDG MIGTIS	T CHINA	0.1100	0 11 0			
NO	F DESTIL FESTER OF IN CO.		13 05 3078D	MRS. ELSIE	J. TEM	R SAME	AS # 2	INTED	VAL BET	DWEEN
	DEATH LENTER ONLY OF	100	ine for (a), (b), and (c).]	- · . M		ER		ONSE	T AND D	DEATH
FART I.	IMMEDIATE CAUSE	(a)	endo	200	LIV	1= 1			M	60
581	. O DUE	то								
Conditions, If		(b)								
gave rise to	DILL	E TO								
underlying car		(c)								
PART II. OTHER	RSIGNIFICANTCONDIT	IONS CONTRIB	JTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASECON	IDITION GIVEN IN	PART 1(a)		WAS AU	
CAI	the tens	on a	nd Hent	Kouleve.				YES		NO [
PART II. OTHER 20a. ACCIDEN OR CONTRIBU (IF EITHER, N	T WAS UNDERLYING] 20b.	DESCRIBE HOW INJURY OC	CORRED. (Enter nature	of Injury In P	art I or Part II	of Item 18.)			
OR CONTRIBU	TING CAUSE OF DE	ATH INER)								
	F INJURY Month, Day,		NJURY OCCURRED 200. P	LACE OF INJURY (Home,	farm. 20f.	(City or town)	(Coun	ty)	(S	State)
20c. TIME OF		While	Not While fac	ctory, street, office bldg.,	etc.)					
	o.m. 19			F 15 15		7 7	1 14.			
			ed the deceased from_		19, to		4/19		it (1) (w	
	eceased alive on	6-5-	6 / 19 , and the	hat death occurred at	/ NM, fi	rom the causes	and on the			above
22a. SIGNAT	URE LAPAT	· 1001		ATTENDING	MED.	STAFF				
22c, PHYSIC	LANGE	. [11	neh 1	A.D. PHYS.	DIRECTOR	PHYS.	6,	3/6	7	
NAME (Tunal	H. PATR	ICK M.D.		NGTON I	PARK, MAR	YT.AND			
								- A\	/61	tota'
23a. BURIAL, CRE	maniful	,	23c. NAME OF CEMETE		12011	OCATION (City,		i(y)	(St	tate)
		167/		CEMETERY		BALTO. CO			LAND)
24 FUNERAL DI	Person Vola	le!	ADDRESS	25a. R	EC'D BY REG	mail (VI)	REGISTRAR'S	SIGNA	INE	
JOHN M.	WELCH - LE	ONARDTO	WN.MD.	DATE	11 1	1967	- / (3	0	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Depth. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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